Health Check targets

There is an annual target set by Public Health England (PHE) that 20% of the total eligible population for the 5-year period should be invited for a check, so at the end of year 5, 100% of this eligible population will have been invited.

In other words, if 20 people in a 100 need to be invited, in order to achieve a 75% uptake 15 people would need to attend for a check each year. When PHE reports on achievement of completed health checks for each year, it measures how well areas are doing in getting those 15 in a 100 to have a check, therefore the yearly target it uses is 15%.

Based on practice numbers identified through system searches, each participating practice is given a yearly target for their invites which will be 20% of their total eligible population for the 5-year period. It is then the responsibility of the practice to invite their identified eligible patients for a health check and ensure that they are set up to be able to deliver on their required number of checks.

The advantages of basing the programme within general practice is that firstly, it enables searches to be conducted so that the correctly eligible people from each practice population are identified and secondly, the coding system set up in practice systems can easily record invites and contacts, from which the data on numbers of patients invited and numbers completing a HC can easily be retrieved by health intelligence.

Public Health regularly sends out activity tables that are shared with all practices and which are welcomed by them as it shows how they are doing compared to their fellow practices. Public Health visits or makes phone calls to practices to discuss how performance. From our observation and conversations there is no doubt that some practices are better set up to deliver on the programme than others. Issues such as the loss of or inability to recruit key staff play a big part in whether the practice can deliver on its responsibility. Turnover of staff in general practice is a very influential factor and Public Health spends a significant amount of time and budget arranging repeat training courses throughout the year in order that new practice staff can get training. It is also worth noting that as with the other public health programmes, the contract is optional, which means that if a practice opts not to do the programme, patients at that practice may be denied the opportunity to have a HC. It was partly to address the gaps in provision caused by low practice activity that the pharmacy pilot has been set up.